

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002193

Entity Name: TOP TROPICALS, LLC

FILED
Feb 08, 2007
Secretary of State

Current Principal Place of Business:

11351 ORANGE DR
DAVIE, FL 33330 US

New Principal Place of Business:

47770 BERMONT RD
PUNTA GORDA, FL 33982 US

Current Mailing Address:

11351 ORANGE DR
DAVIE, FL 33330 US

New Mailing Address:

47770 BERMONT RD
PUNTA GORDA FL, FL 33982 US

FEI Number: 65-1176405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, TATIANA B
11351 ORANGE DR
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

ANDERSON, TATIANA B
47770 BERMONT RD
PUNTA GORDA, FL 33982 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

02/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DUBINOVSKY, MICHAEL
Address: 11351 ORANGE DR
City-St-Zip: DAVIE, FL 33330 US

Title: MGR () Delete
Name: ANDERSON, TATIANA B
Address: 11351 ORANGE DR
City-St-Zip: DAVIE, FL 33330 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DUBINOVSKY, MICHAEL
Address: 47770 BERMONT RD
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: MGR (X) Change () Addition
Name: ANDERSON, TATIANA B
Address: 47770 BERMONT RD
City-St-Zip: PUNTA GORDA, FL 33982 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL DUBINOVSKY

MGR

02/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date